SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:33

DOCUMENT # 763118 (7)

1. Corporation Name
THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II I, INC.

Principal Place of Business	Mailing Address
% 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US	% 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2346259 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT & REALTY, INC.
830 S. TAMIAMI TRAIL
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (AGENT) DATE
Signature of new registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☐ Change ☑ Addition
NAME	WALLACE, WILLIAM	12 NAME	CRISSMAN, JANE
STREET ADDRESS	4683 WILLOW WOOD CIRCLE	13 STREET ADDRESS	4635 PINE GREEN TRAIL
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL
TITLE	VPD	21 TITLE	PD ☑ Change ☐ Addition
NAME	MILLS, ELIZABETH	22 NAME	MILLS, Elizabeth
STREET ADDRESS	4636 PINE GREEN TRAIL	23 STREET ADDRESS	4636 PINE GREEN TRAIL
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ATWOOD, JANE Q.	32 NAME	
STREET ADDRESS	7340 SILVER FERN BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	ASD ☑ Change ☐ Addition
NAME	BORMAN, HENRY	42 NAME	Keith, J. Lloyd
STREET ADDRESS	4650 WILLOW WOOD CIRCLE	43 STREET ADDRESS	830 S. Tamiami Trail
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D	51 TITLE	VPD ☑ Change ☐ Addition
NAME	COON, CHARLES E.	52 NAME	COON, Charles E.
STREET ADDRESS	4653 WILLOW WOOD CIRCLE	53 STREET ADDRESS	4653 Willowwood Cir
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	Sarasota, FL
TITLE	D	61 TITLE	D ☐ Change ☑ Addition
NAME	NICHOLSON, RUTH K.	62 NAME	Hiller, Eugene
STREET ADDRESS	7356 SILVER FERN BLVD	63 STREET ADDRESS	4638 Willowood Circle
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (AGENT) 6/14/95 813-966-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016104